02/14/2006 09:46

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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00006080 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2006 0 1 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Anna Lee -Assistant Treas Type or Print Name of Treasurer Electronically Filed by Anna Lee -Assistant Treas 02 14 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	epor	t Covering the Period: From:	01 2006	To: 0 1 3 1 2 0 0 6
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a)	Cash on Hand January 1 Yellow 2006		371526.17
	(b)	Cash on Hand at Begining of Reporting Period	371526.17	
	(c)	Total Receipts (from Line 19)	44447.02	44447.02
	(d)	Subtotal (add lines 6(b) and		
	,	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	415973.19	415973.19
	Tota	al Disbursements (from Line 31)	4437.28	4437.28
	Cas	sh on Hand at Close of		
		oorting Period otract Line 7 from Line 6(d))	411535.91	411535.91
	Deb	ots and Obligations owed TO		
		committee (Itemize all on ledule C and/or Schedule D)	0.00	
).	Deb	ots and Obligations owed BY		
		committee (Itemize all on needule C and/or Schedule D)	0.00	
_	X	This Committee has qualified as a multicandida	ate committee. (see FEC FORM 1M)	

-ederal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

American Health Care Association Political Action Committee

0 1 3^D1 м N 0 1 м м 0 1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 41325.00 41325.00 (i) Itemized (use Schedule A) 3122.02 3122.02 (ii) Unitemized (iii) TOTAL (add 44447.02 44447.02 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 44447.02 44447.02 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 44447.02 44447.02 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 44447.02 44447.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	437.28	437.28
	(c) Total Operating Expenditures	437.28	437.28
2	(add 21(a)(i), (a)(ii) and (b))	437.20	437.20
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committeesand Other Political Committees	4000.00	4000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
ο.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4437.28	4437.28
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	4437.28	4437.28
	HOITI EITH OT J	7701.20	7737.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operation Expenditures	ng COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)		44447.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	44447.02	44447.02
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	127 28	437.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	437.28	437.28

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politic	cal Action	Committee	
Full Name (Last, First, Middle Initial) Mr James Unverferth Mailing Address 1100 Shawnee Road City Lima FEC ID number of contributing federal political committee. Name of Employer HCF, Inc.		State Zip Code OH 45805-3583 C Occupation President Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City West Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Health Care Assn. Receipt For: Primary General Other (specify) ▼		Zip Code 50266-7726 n e Vice President e Year-to-Date ▼ 1000.00	Transaction ID: 23386165 Amount of Each Receipt this Period 1000.00
C .	Full Name (Last, First, Middle Initial) Mr. Barton D. Weisman Mailing Address 5310 NW 33rd Ave #211 City Ft Lauderdale FEC ID number of contributing federal political committee. Name of Employer Weisman Associates Receipt For: Primary General Other (specify)	State FL C Occupation President Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			3500.00
т	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		l la a a a marrata a a la adula (a)	FOR LINE NUMBER: PAGE 7 / 26
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\rangle	American Health Care Association Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Jill Mendlen			Date of Receipt
	Mailing Address 2151 Calle Poco			01 11 2006
	City	State	Zip Code	Transaction ID: 23368579
	El Cajon	CA	92019-3540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Lighthridge Hospice / LLC	Occupation LTC Cons		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify) ▼	0 0	230.00	
 3.	Full Name (Last, First, Middle Initial) David E. Meillier			Date of Receipt
	Mailing Address 27 Brand Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	01 17 2006
	Faribault	MN	55021-6411	Transaction ID: 23384043 Amount of Each Receipt this Period
		IVIIN	33021-0411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer	Occupation		-
	Pleasant Manor Inc	•	ator/Owner	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1250.00	
	Other (specify)	0 0	1230.00	
).	Full Name (Last, First, Middle Initial) Mr Don C. Bedell			Date of Receipt
	Mailing Address 731 North Main St. PO Box 1210			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23384046
	Sikeston	MO	63801-2176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1250.00
	Health Facilities Mamt Co.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1250.00	
	Other (specify) ▼	0 0	1230.00	
	L			
s	UBTOTAL of Receipts This Page (optional))	2750.00

COUEDING A /FEC Form 2V)		[FOR LINE NUMBER: PAGE 8 / 26
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Health Care Association Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Ms Dixie Taylor-Huff			Date of Receipt
	Mailing Address 932 Baddour Parkway	01 17 2006		
	City	State	Zip Code	Transaction ID: 23384058
	Lebanon	TN	37087-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Quality Care Health Center	Occupation Administr	n rator/Owner	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	1250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Ruth Braswell			Date of Receipt
	Mailing Address 3674 Pacific Ave			01 17 2006
	City	State	Zip Code	Transaction ID: 23384055
	Riverside	CA	92509-1948	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Vista Pacifica Enterprises	Occupation Comm. F	n Relations Coordinator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1250.00	
	Full Name (Last, First, Middle Initial) Mr. Darrell R. Cammack			Date of Receipt
	Mailing Address 9900 Walthen Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23385393
	Baltimore	MD	21234-5785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21234-0700	250.00
	Name of Employer Quail Run Assisted Living	Occupation Owner, C		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			2750.00
\vdash				-

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 26 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Health Care Association Polit	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr Michael McBride			Date of Receipt
	Mailing Address 101 Grace Drive			0 1
	City	State	Zip Code	Transaction ID: 23386041
	Easley	SC	29640-9088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Health Management Resources	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1050.00	1
	Other (specify)	0 0	1250.00	
В.	Full Name (Last, First, Middle Initial) Mr William Biggs			Date of Receipt
	Mailing Address 101 Grace Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23386163
	Easley	SC	29640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Health Managemnet Resourc-	Occupation	n e Director	
	es Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	111	1050.00	1
	Other (specify)	0 0	1250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr Jesse Samples			Date of Receipt
	Mailing Address 8 Capitol St. #700			0 1 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 23384049
	Charleston	WV	25301-2839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Virginia Health Care	Occupation	n	
	West Virginia Health Care Association	State Exe	ecutive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify) 🔻		230.00	
s	UBTOTAL of Receipts This Page (optional)			2750.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 26
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Health Care Association Politi	cal Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Mr. Richard Miller			Date of Receipt
	Mailing Address 9403 Mill Brook Rd			01 17 7 2006
	City	State	Zip Code	Transaction ID: 23386045
	Louisville	KY	40223-4010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kentucky Health Care Assn.	Occupation State Exe		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr Alfred Santos			Date of Receipt
	Mailing Address 57 Kilvert Street Suite 200			01 17 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23384067
	Warwick	RI	02886-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rhode Island Healthcare Assn	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Don B. Bedell			Date of Receipt
	Mailing Address P.O. Box 1210			01 17 / 2006
	City	State	Zip Code	Transaction ID: 23384047
	Sikeston	MO	63801-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1250.00
	Name of Employer Health Facilities Mgmt Co.	Occupation President		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
т.	OTAL This Period (last page this line number or	nlv)		
•		·· y / ······	··············	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 26
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Health Care Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) A. Mr. Charles Perry			Date of Receipt
Mailing Address 2912 W. Oakley Blvd.			01 17 2006
City	State	Zip Code	Transaction ID: 23384056
Las Vegas	NV	89102-2081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Nevada Health Care Assn.	Occupation Executive		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
	-		1
Full Name (Last, First, Middle Initial) 3. Mr. Frank Romano			Date of Receipt
Mailing Address 57 Summer St.			0 1 1 7 2 0 0 6
City	State	Zip Code	Transaction ID: 23386044
Rowley	MA	01969-1835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer	Occupation	2	_
Essex Group	CEO	ı	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		1250.00	
Other (specify)	0 0		
Full Name (Last, First, Middle Initial) Mr. Francis P. Kirley			Date of Receipt
Mailing Address 3315 Timbers Rd			0 1 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 23385391
Flower Mound	TX	75028-2064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Nexion Health, Inc.	Occupation President		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1250.00	
SUBTOTAL of Receipts This Page (optional)	I		3250.00
ago (optional)			

S	CHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 12 / 26
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any person of any person of any political committee to	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or any point of the second	
$ \rangle$	American Health Care Association Politi	ical Action	Committee	
	7 interrodit i roditi i dare 7 leggeration i dil			
_	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 3215 East Cheyenne Av	/e.		01 17 2006
	City	State	Zip Code	Transaction ID: 23385392
	North Las Vegas	NV	89030-4215	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer	Occupation	า	\dashv
	Name of Employer North Las Vegas Care Cent-	President		
	er Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Barton D. Weisman			Date of Receipt
	Mailing Address 5310 NW 33rd Ave #21	1		M M / D D / Y Y Y Y
				01 18 2006
	City	State	Zip Code	Transaction ID: 23424006
	<u>Ft Lauderdale</u>	<u>FL</u>	33309-6319	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1250.00
	federal political committee.	•		
	Name of Employer Weisman Associates	Occupation	า	
		President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
	Curior (specify)			1
_	Full Name (Last, First, Middle Initial)			
C.	Ms Helen Louise Stout			Date of Receipt
	Mailing Address 1865 Executive Park			01 19 2006
	City	State	Zip Code	Transaction ID: 23463235
	Cleveland	TN	37312	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	+
	Royal Care Inc.	President		
	Receipt For:		e Year-to-Date ▼	1
	Primary General		050.00	1
	Other (specify) ▼		250.00	
				<u> </u>
	LIDTOTAL of Descints This Description II			1750.00
L	UBTOTAL of Receipts This Page (optional)		······	
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/26
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Politi	ical Action	Committee	
Full Name (Last, First, Middle Initial) Mr Richard Miller			Date of Receipt
Mailing Address 3594 E US Highway 30			01 20 7 2006
City	State	Zip Code	Transaction ID: 23410630
<u>Warsaw</u>	IN	46580-6720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer MMM Invest Inc	Occupation CEO/CF0		
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General Other (specify) ▼		1250.00	
	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Mr. Michael Torgan			Date of Receipt
Mailing Address 4551 Glencoe Ave. Suite 300			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 23410633
Marina del Rey	CA	90292-7925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Country Villa Health Svcs.	Occupation Vice Pres		
Receipt For:		Year-to-Date V	-
Primary General	33 -3		1
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. James Gomez			Date of Receipt
Mailing Address 2201 K Street			0 1 20 2006
City	State	Zip Code	Transaction ID: 23410631
Sacramento	CA	95816-4922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CA Association of Health	Occupation	1	7
CA Association of Health Facilities	President	<u> </u>	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	1	250.00	
Other (specify)			
SUBTOTAL of Receipts This Page (optional)			1750.00
TOTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 26 (check only one) X
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Health Care Association Politica	al Action	Committee	
A .	Daois Life Care	State AR C Occupation President Aggregate State WV		Date of Receipt M M 20 2006 Transaction ID: 23410632 Amount of Each Receipt this Period 250.00 Date of Receipt M M 25 2006 Transaction ID: 23446473 Amount of Each Receipt this Period
	Weirton Geriatric Center		dministrator Year-to-Date 500.00	500.00
C .	Holly Hill Manor	State MD C Occupation Administr		Date of Receipt M M M / 25 / 2006 Transaction ID: 23446471 Amount of Each Receipt this Period 1000.00
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00
T	OTAL This Period (last page this line number only	·))	

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 15 / 26						
· · · · · · · · · · · · · · · · · · ·			Use separate schedule(s) or each category of the	(check only one)						
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions						
or		ame and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	American Health Care Association Polit	ical Action	Committee							
A.	Full Name (Last, First, Middle Initial) Mr. Bill Altman			Date of Receipt						
	Mailing Address 680 S. 4th Street			01 25 7 9 9 9						
	City	State	Zip Code	Transaction ID: 23446484						
	Louisville	KY	40202-2412	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		2500.00						
	Name of Employer Kindred Healthcare	Occupation Vice Pres	n sident Government Relations							
	Receipt For:	1	Year-to-Date ▼	7						
	Primary General			1						
	Other (specify) ▼		2500.00							
В.	Full Name (Last, First, Middle Initial) Mr. Van Moore			Date of Receipt						
	Mailing Address 3155 River Road S. Ste.	100		01 25 2006						
	City	State	Zip Code	Transaction ID: 23446486						
	Salem	OR	97302-9819	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		5000.00						
	Name of Employer Westcare Management, Inc.	Occupation Vice Pres								
	Receipt For:		Year-to-Date ▼							
	Primary General	1 99. 19		1						
	Other (specify) ▼		5000.00							
_	Full Name (Last, First, Middle Initial)									
C.	Mr. Samuel Kaplan			Date of Receipt						
	Mailing Address 5500 Wells Fargo Center 90 South Seventh St	er		01 25 7 2006						
	City	State	Zip Code	Transaction ID: 23446476						
	Minneapolis	MN	55402	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		375.00						
	Name of Employer Tealwood Care Centers	Occupation Attorney	1							
	Receipt For:		Year-to-Date ▼	7						
	Primary General	1 1		1						
	Other (specify) 🔻		375.00							
_										
s	UBTOTAL of Receipts This Page (optional))	7875.00						
\vdash	. 5 . ,									

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 26					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
American Health Care Association Po	olitical Action	Committee						
Full Name (Last, First, Middle Initial) Mr Robert M. Chur			Date of Receipt					
Mailing Address 7 Limestone Drive			01 27 7 2006					
City Williamsville	State NY	Zip Code 14221-7899	Transaction ID: 23480337					
FEC ID number of contributing		14221-7633	Amount of Each Receipt this Period					
federal political committee.	C		1250.00					
Name of Employer Elderwood Affiliates Inc	Occupation President							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼	0 0	1250.00						
Full Name (Last, First, Middle Initial) 3. Mr Reginald Carter			Date of Receipt					
Mailing Address PO Box 80050			01 30 7 2006					
City	State	Zip Code	Transaction ID: 23480276					
Lansing	MI	48908-0050	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer Health Care Assn. of Mich-	Occupation							
igan Receipt For:	Executive Aggregate	e Year-to-Date ▼						
Primary General	1 33 33		1					
Other (specify) ▼		300.00						
Full Name (Last, First, Middle Initial) Mr Lee Marchant	•		Date of Receipt					
Mailing Address 3800 Gifford Road			01 30 / Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 23480299					
Bloomington	IN	47403-2612	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer LJM Enterprises	Occupation President							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		250.00						
SUBTOTAL of Receipts This Page (optional)	1		1800.00					
		·						
TOTAL This Period (last page this line number	er only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) American Health Care Association Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) John Barber			Date of Receipt
	Mailing Address 2407 S Pine St PO Box 3347	21.1	7: 0 1	01 30 2006
	City	State SC	Zip Code	Transaction ID: 23446480
	Spartanburg FEC ID number of contributing federal political committee.	C	29302-4335	Amount of Each Receipt this Period 1250.00
	Name of Employer White Oak Manor	Occupation Executive	n e VP/CFO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1250.00	
В.	Full Name (Last, First, Middle Initial) Mr Kenneth Greiner			Date of Receipt
	Mailing Address 4350 Will Rogers Pkwy	Ste 300		0 1 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23446482
	Oklahoma City	OK	73108-1839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Grace Living Center	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.				Date of Receipt
	Mailing Address 2305 Vinewood Blvd.			01 30 2006
	City	State	Zip Code	Transaction ID: 23446483
	Ann Arbor	MI	48104-2765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Living	Occupation Administ		
	Receipt For:	-	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
	IIRTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Ms. Karen Holly Waldron Mailing Address 290 Boners Run Ro City Shawsville FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State VA C Occupatio Partner	Zip Code 24162 n e Year-to-Date ▼ 1250.00	Date of Receipt M M / D D / Y Y Y Y Y O 1 3 0 2 0 0 6 Transaction ID: 23480279 Amount of Each Receipt this Period 1250.00
Mr. Dennis Wheeler Mailing Address PO Box 2754 City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Laurel Baye Healthcare Receipt For: Primary General Other (specify)	State SC C Occupation Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Terry Schmoyer, Jr.CPA, Pr Mailing Address 1330 Lady Street, S City Columbia FEC ID number of contributing federal political committee. Name of Employer Schmoyer & Co. ,LLC Receipt For: Primary General Other (specify)	State SC C Occupatio Presiden		Date of Receipt M M M / B B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ત્રી)	<u>)</u>	1750.00
TOTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politi	cal Action	Committee	
American Health Care Association Political Acti Full Name (Last, First, Middle Initial) A. Mr. Robert Siebel Mailing Address 13185 W. Great Mountain Drive City State Lakewood CO FEC ID number of contributing federal political committee. Name of Employer Carriage Healthcare Companies, Inc. Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) James R. Westbury Mailing Address 922 McDonough Rd City State Jackson GA FEC ID number of contributing federal political committee			Zip Code 80228-3512 n t e Year-to-Date ▼ 500.00 Zip Code 30233-1522	Date of Receipt M M M / B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Westbury Medical Care Home Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Administ Aggregate		
С.	Full Name (Last, First, Middle Initial) Mr Simon Pelman Mailing Address 140 St Edwards St City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Brooklyn	NY	11201-3999	Transaction ID: 23477352 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Greenpark Care Center Inc	Occupation Administ		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00
т.	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		[Han apparate ashedula(s)	FOR LINE NUMBER: PAGE 20 / 26							
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the		(check only one)						
			Detailed Summary Page	X 11a	11b	11c	12	—			
Any information conic	nd from such Poports and Sta	tomonte may	not be sold or used by any perso	13	14	15	16	17			
or for commercial pur	poses, other than using the n	ame and add	ress of any political committee to	solicit contrib	utions from	such comm	nittee.				
NAME OF COMM	IITTEE (In Full)										
American Healt	th Care Association Politi	cal Action	Committee								
Full Name (Last, F Michael Morton	First, Middle Initial)			Date of	Receipt						
Mailing Address	415 Rogers Avenue			м м 0 1	31		0 0 6				
City		State	Zip Code	Transac	tion ID: 23	3480303					
Fort Smith		AR	72901-1926	Amount	of Each Re	eceipt this P	eriod				
FEC ID number of federal political co		C				12	250.00)			
Name of Employer Central Arkansas Ctrs	r Nursing	Occupation Owner									
Receipt For:		Aggregate	Year-to-Date ▼								
Primary	General		1250.00	1							
Other (spec	ity) 🔻	0 0	1200.00								
Full Name (Last, F 3. Mr Steven Wolf	First, Middle Initial)			Date of	Receipt						
Mailing Address						M M / D D / Y Y Y Y					
	#820				01 31 2006						
City		State	Zip Code		Transaction ID: 23477369						
Belleville		<u>IL</u>	62223-5007	Amount	Amount of Each Receipt this Period						
FEC ID number of federal political co		C				Ę	500.00)			
Name of Employer Eldercare Inc	r	Occupation									
		President									
Receipt For: Primary	General	Aggregate	Year-to-Date ▼								
Other (spec			500.00								
Full Name (Last, F C. Mr Gary M. Riffe	First, Middle Initial)			Date of	Receipt						
Mailing Address	1300 Second Place NE			м м 0 1	3 1	/ Y Y 2	0 0 6				
City		State	Zip Code	Transac	tion ID: 23	3477382					
<u>Jamestown</u>		ND	58401-3799	Amount	of Each Re	eceipt this P	eriod				
FEC ID number of contributing federal political committee.		C				3	300.00)			
Name of Employer Hi-Acres Manor N	r lursing Ce-	Occupation Administr	ator/President								
<u>nter</u> Receipt For:			Year-to-Date ▼	-							
Primary	General			1							
Other (spec	ify) ▼		300.00								
SUBTOTAL of Rece	eipts This Page (optional)					20	50.00				
				-			-	-			

SCHEDULE A (FEC Form 3X)

PAGE 21 / 26 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mr Herbert Heflich Mailing Address 33 Union PI 2nd Flr 0.1 2006 3 1 Zip Code City State Transaction ID: 23477363 Summit 07901-3650 NJ Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Long Term Care Mgt Co Occupation Owner Receipt For: Aggregate Year-to-Date 🔻 Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Linda Fink Date of Receipt Mailing Address 426 Main St. 0.1 31 2006 City State Zip Code Transaction ID: 23477362 Juneau ΑK 99801-1152 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer AK St. Hosp. & Nsg. Home Occupation Assistant Director Assn. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Jesse Johnson, Jr. Date of Receipt Mailing Address 1500 E. First St. 2006 0.1 3 1 Zip Code Citv State Transaction ID: 23477373 Newberg OR 97132 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Newberg Care Home Occupation Administrator/Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 26							
ITEMIZED RECEIPTS			or each category of the	(check only one)						
II LIWIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	American Health Care Association Politic	cal Action	Committee							
Α.	Full Name (Last, First, Middle Initial) Mr. Gary Attman			Date of Receipt						
	Mailing Address 8028 Ritchie Hwy. #118			01 31 2006						
	City	State	Zip Code	Transaction ID: 23480377						
	Pasadena	MD	21122-1069	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1250.00						
	Name of Employer FutureCare Health & Mgmt.	Occupation President								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		1050.00	1						
	Other (specify) ▼	0 0	1250.00							
В.	Full Name (Last, First, Middle Initial) Ms. Kathleen Collins Pagels			Date of Receipt						
	Mailing Address 5020 N. 8th Place, Suite A			0 1 3 1 2 0 0 6						
	City	State	Zip Code	Transaction ID: 23477381						
	Phoenix	AZ	85014-3265	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Arizona Health Care Assoc- jation	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	111		1						
	Other (specify)	0 0	250.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Cliff Coldren			Date of Receipt						
	Mailing Address 1930 Cliff Side Dr.			01 31 2006						
	City	State	Zip Code	Transaction ID: 23477371						
	STATE COLLEGE	PA	16801-7694	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Brookline		n r	7						
	Receipt For:	Develope Aggregate	Year-to-Date ▼							
	Primary General	33 0		1						
	Other (specify) ▼		500.00							
	Carlot (openity)			*						
	UBTOTAL of Receipts This Page (optional)	0 0		2000.00						

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 23 / 26							
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	<u>^</u> ^ — — — —							
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b							
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			' '							
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
/	American Health Care Association Politi	cal Action Committee									
	Full Name (Last, First, Middle Initial)			Transaction ID: 23545614							
٩.	American Health Care Assoc PAC			Date of Disbursement							
	Matter Address (1994)			0 1 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Mailing Address 1201 L Street NW			31 2000							
	City	State Zip Code		Amount of Each Disbursement this Period							
	Washington	DC 20005									
	Purpose of Disbursement	Ir		437.28							
		001									
	Candidate Name		Category/ Type								
	Office Sought: House Disbu	rsement For:	туре								
	Senate Sought.	Primary General									
	President	Other (specify)									
	State: District:										

SUBTOTAL of Disbursements This Page (optional)	•	437.28
TOTAL This Period (last page this line number only)	•	437.28

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check or	E NUMBER: PAGE 24 / 26					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	23 28b	24 28c	П	25 29	26 30b
Any Information copied from such Reports and Staten								•
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	mmittee to s	Olicit contribt	Juons Tro	m such (comm	ittee	
American Health Care Association Politica	Action Committee							
Full Name (Last, First, Middle Initial)			Transac	tion ID:	233613	350		
Friends of Craig Thomas				Disburse				v.
Mailing Address P.O. ?Box s1580 302 Hart SOB			0 1	/ D 1	0 /	Ž	0 Ď 6	
City	State Zip Code WY 82602		Amount	of Each	Disburse	ement	this Pe	eriod
Casper Purpose of Disbursement	VV 1 62602			-		-10	0.00	0
Void - Friends of Craig Thomas		011						
Candidate Name Mr. Craig Thomas		Category/ Type						
	ement For: 2006 Primary General Other (specify)		Void - F Thomas		of Craig)		
Full Name (Last, First, Middle Initial)			T	ID	004407	70.4		
Gapito for Congress			Date of	Disburse	ment		· v · ·	v 1
Mailing Address PO Box 11519			0 1	້ 2	3 /	2	0 Ď 6	
City Charleston	State Zip Code WV 28339		Amount	of Each	Disburse			-
Purpose of Disbursement Void - Capito for Congress		011				-20	0.000	0
Candidate Name Ms. Shelly Moore Capito		011 Category/ Type						
X X	ment For: 2006 Primary General Other (specify)		Void - C	Capito fo	or Cong	ress		
Full Name (Last, First, Middle Initial)			Transac	tion ID:	234107	'85		
Capito for Congress			Date of	Disburse				
Mailing Address PO Box 11519			01	[/] 2	^D /	ž	0 Ď 6	Y
City Charleston	State Zip Code WV 28339		Amount	of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement Void - Capito for Congress	Purpose of Disbursement						500.0	0
Candidate Name Ms. Shelly Moore Capito	Candidate Name Category/							
ů 💢	ment For: 2006 Primary General Other (specify)		Void - C	Capito fo	or Cong	ress		
SUBTOTAL of Disbursements This Page (optional)						-45	00.00) (
TOTAL This Poyled (lest page this line number and)								
TOTAL This Period (last page this line number only)						_		

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check only		= NUMBER: PAGE 25 / 26 lv one)					j	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 2	3 8b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	o and address of any political co	OHIIIII	.ce 10 S	OHOIL COIT	indutiol	13 11011	i Sucii (JUIIIIIII		
American Health Care Association Politica	Il Action Committee									
Full Name (Last, First, Middle Initial)							34151	39		
Tim Johnson for South Dakota				M	of Disb			′ Y	Y Y	(
Mailing Address 420 C Street NE Lower I	Level			0 1		^D 2 4	J L	20	ó́6	
City Washington	State Zip Code DC 20002			Amou	ınt of E	ach D	isburse	ment t	his Pe	eriod
Purpose of Disbursement			-	† L.				40	00.00)
Candidata Nama		01								
Candidate Name Mr Tim Johnson		Cateo Typ								
	ement For: 2008									
X Senate X President	Primary General Other (specify) ▼									
State: SD District: 1										
Full Name (Last, First, Middle Initial) 3. Capito for Congress						_	34151	40		
- Capito for Congress				М	of Disb	D D) / Y	, т. <u>У</u>	Y °, Y	1
Mailing Address PO Box 11519				0 1		2 4		2 0	ŏ6	
City Charleston	State Zip Code WV 28339			Amou	ınt of E	ach D	isburse	ment t	his Pe	eriod
Purpose of Disbursement	Г		-	† L.				35	00.00)
Candidate Name		01 Categ								
Ms. Shelly Moore Capito	,	Тур								
3 1	ement For: 2006									
Senate X President	Primary General Other (specify) ▼									
State: WV District: 2										
Full Name (Last, First, Middle Initial) Mike Ross for Congress					saction of Disb	_	34151 ent	41		
Mailing Address 411 S. Victory #206				0 ^M 1	M /	^D 2 4) / Y	ž	ŏ6	1
Mailing Address 411 S. Victory #206				0 .						
City Little Rock	State Zip Code AR 72201			Amou	ınt of E	ach D	isburse	ment t	his Pe	eriod
Purpose of Disbursement	Г	v	-	† L.				10	00.00)
Candidate Name	l	Onto								
Mr. Mike Ross	'	Cateo Typ								
· -	ement For: 2006									
Senate X President	Primary General Other (specify) ▼									
State: AR District: 4	- · · · · · · · · · · · · · · · · · · ·									
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					85	00.00)
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	CHEDULE B (FEC Form 3)	' Use seperate schedu	110/C) I -	NUMBER: PAGE 26 / 26
ΙT	EMIZED DISBURSEMENT	for each category of	the Cileck of	<u> </u>
		Detailed Summary P	27	28a 28b 28c 29 30b
	y Information copied from such Reports a for commercial purposes, other than using			for the purpose of solicating contributions plicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 23425796
٦.	Sali For Congress			Date of Disbursement
	Mailing Address PO Box 71			01 25 7 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Kuna	ID 83634		1000.00
	Purpose of Disbursement		011	1000.00
	Candidate Name Mr. William Sali		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2006 X Primary Gen Other (specify)		
	State: ID District: 1			
3.	Full Name (Last, First, Middle Initial) Whitfield for Congress			Transaction ID: 23434183 Date of Disbursement
	Mailing Address PO Box 391			01 26 7 2006
	City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Period
	Purpose of Disbursement Void - Whitfield for Congress		011	-1000.00
	Candidate Name Mr. Ed Whitfield		Category/ Type	
	Office Sought: X House Senate President State: KY District: 1	Disbursement For: 2006 X Primary Gen Other (specify) ▼		Void - Whitfield for Cong- ress

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	—	4000.00